

FILED MAY 1 1953.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14332
1946

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>3558</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3541 Wabash</u>				d. STREET ADDRESS (If rural, give location) <u>3541 Wabash</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SYLVIA</u>		b. (Middle) <u>DELL</u>		c. (Last) <u>LUMSDEN</u>	
4. DATE OF DEATH (Month) <u>4</u> (Day) <u>11</u> (Year) <u>53</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9-14-1876</u>		9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>NGoldwell Gordon</u>			
13b. MOTHER'S MAIDEN NAME <u>No Record</u>				14. NAME OF HUSBAND OR WIFE <u>Leonard R. Lumsden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Karl F. Baur, 3541 Wabash, KC Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Aortic Aneurysm</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Aortic Sclerosis</u>				<u>5 YRS.</u>			
DUE TO (c) <u>Generalized Arteriosclerosis</u>				<u>10 YRS.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>451X</u>			
19a. DATE OF OPERATION <u>4-11-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>1</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>1</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1</u>			
22. I hereby certify that I attended the deceased from <u>March 29, 1953</u> to <u>April 11, 1953</u> , that I last saw the deceased alive on <u>April 6, 1953</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George K. Landis M.D.</u>				23b. ADDRESS <u>1103 Grand Ave. K. C. Mo.</u>		23c. DATE SIGNED <u>4/11/53</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>4-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-11-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Wagner</u>		ADDRESS <u>K. C. Mo.</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VI - 1643
11-11-31

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alvin R. Haenschel

Licensed Embalmer No. 4159

P. O. Address K. C. Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.